

BOLIVIA

1998 - 2003

Total country population (2000)	8 million
Catchment population	1 million
Project catchment area	149 municipalities in Bolivia's 9 departments

Project Profile

Twenty-eight percent of all Bolivian children under three years of age suffer from chronic malnutrition. Sub-optimal breastfeeding practices and inappropriate complementary feeding account for high rates of infection, malnutrition, and an estimated 4,500 infant deaths each year (*Profiles 2000*). This situation prompted USAID through the LINKAGES Project and 16 members of PROCOSI—a network of nongovernmental organizations (NGOs) implementing integrated and reproductive health services—to design a program to improve infant and young child feeding practices and expand access to the lactational amenorrhea method (LAM), a modern family planning option for women who breastfeed.

As part of the design process, in 1998 COTALMA (the Technical Breastfeeding Support Committee) conducted a needs and resource assessment of PROCOSI members. In the participatory planning process that followed, Ministry of Health staff at all levels and NGO community and technical staff attended regional behavior change workshops. The partners reached consensus on priority behaviors, analyzed factors that influence these behaviors, and developed behavior change strategies to achieve measurable change.

PROCOSI/LINKAGES Member Partners

APROSAR (Asociacion de Promotores de Salud del Area Rural) * APSAR (Asociacion de Programas de Salud en el Area Rural) * CARE * CARITAS * CEPAC (Centro de Promocion Agropecuaria Campesina) * CRECER/Freedom from Hunger * CSRA (Consejo de Salud Rural Andino) * Esperanza * Plan International * Project Concern International * PROSALUD (Proteccion a la Salud) * SACOA (Servicios de Asesoría a Comunidades Agrarias) * Save the Children/Canada * Save the Children/US * SERVIR (Servicios Educativos) * Universidad NUR



Program Impact

The PROCOSI/LINKAGES program extended to the country's three eco-regions, reaching 2,389 communities in 149 districts. A baseline survey in 2000, annual rapid assessment procedures, and an endline survey in 2003 tracked program progress and impact. During the four years of implementation, most infant feeding practices improved steadily:

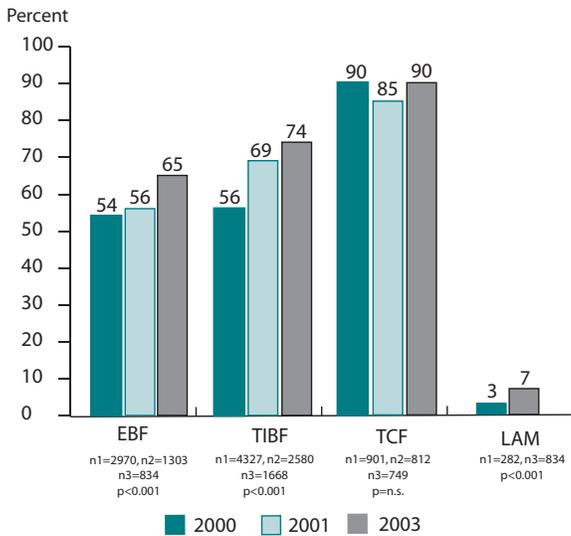
Exclusive breastfeeding (EBF): The percentage of infants < 6 months old that were exclusively breastfed (as measured by 24-hour recall) was 54% at baseline and 65% at endline. In each month from 0- < 6 months, the rate of exclusive breastfeeding increased. Non-exclusively breastfed infants < 6 months old were nearly twice as likely to have had diarrhea in the two weeks prior to the endline survey as infants who were exclusively breastfed (32% vs. 17%). This suggests that nearly half the cases of diarrhea among non-exclusively breastfed infants could have been prevented had they been exclusively breastfed.

Timely initiation of breastfeeding (TIBF): Timely initiation of breastfeeding (within one hour of birth) began at 56% in 2000, rose to 69% in 2001, and reached 74% by the endline in 2003.

Timely complementary feeding (TCF): Timely complementary feeding started out high in program areas and remained stable, with 90% of infants 6- < 10 months old at the beginning and the end of the project receiving both breastmilk and complementary foods. The quality of the complementary foods showed modest improvements, as measured by the proportion of mothers

stating that they fed their infants solid foods/thick part of the soup (80 % at baseline to 84 % at endline).

Lactational amenorrhea method (LAM): The proportion of women with infants < 6 months old that named LAM as their method of contraception increased from 3 % in 2000 to 7 % in 2003.



Program Strategies and Activities

The PROCOSI partners and LINKAGES, working in close collaboration with the Ministry of Health, implemented a behavior change strategy at multiple levels—community, district, regional, and national—and reached different audiences through multiple channels of communication.

Behavior Change Communication (BCC)

Job aids, radio, video, and interpersonal communication promoted messages on the project's priority behaviors. One of the primary audiences was men. Involving men in breastfeeding promotion and support is critical, particularly in rural Bolivia where 57 % of births are attended by a family member/friend (usually the husband) and the majority of community health promoters are men.

Job aids for health promoters. In 1999 representatives of the participating NGOs and the Ministry of Health attended regional workshops to develop print and radio materials to address the project's key behaviors. Local artists contributed to the development of three sets of culturally specific materials, one for each eco-region. NGO staff pre-tested the 6 laminated counseling cards and 12-panel cloth flip chart. Calendars and young child feeding bowls distributed to families reinforced images and messages on the counseling cards and flip chart.

Community health workers (CHWs) received a manual with information on the project's messages along with instructions on how to use the educational materials. Partner NGOs received a story/drama video—*A New Life for Tomorrow*—to stimulate discussions at community gatherings. A second video—*Working to Improve Infant Nutrition*—promoted the process of implementing a behavior change communication strategy in LAM and infant and maternal nutrition.

Interpersonal communications. CHWs made more than 800,000 home visits and gave 163,200 educational talks in clinics, community settings, and mothers' clubs. They also participated in local health fairs and referred community members to MOH personnel. Staff from seven of the partner NGOs received training in mother-to-mother support group facilitation by La Leche League of Bolivia.

Radio. A national radio campaign was developed to complement the program's other communication strategies. The campaign was implemented periodically over a two-year period. Six radio spots, four radio dramas, and five songs were broadcast for five months in 2000, reinforcing messages on breastfeeding, complementary feeding, and LAM in three languages throughout the country. The same messages were aired during a three-month radio campaign in 2001 that was kicked off with the distribution of 2,000 posters announcing the campaign. The messages were rebroadcast in March and April 2002.

In 2002 LINKAGES conducted an evaluation of the national media campaign, focusing on the 20-minute radio drama series and six 6–10 minute testimonials that addressed specific young child feeding practices. Findings suggest that radio is a powerful way to improve young child feeding practices and child health in remote regions of Bolivia that are not easily accessible to program intervention staff.



One of the 18 counseling cards developed by PROCOSI and LINKAGES

In addition to the national campaign, a four-month radio call-in program conducted by La Leche League in 2001 reached listeners in La Paz, El Alto, and part of the Altiplano. The call-in program aired eight personal testimonials by mothers who shared their own breastfeeding and related infant and young child feeding experiences.

Capacity Building

The 1998 needs assessment of PROCOSI members revealed that staff were highly motivated and experienced in community work but needed technical updates and training in interpersonal communications. In 1999 NGO supervisors responsible for training community health workers in their respective organizations participated in regional training of trainers workshops. The training included discussions of key messages, role plays, demonstrations, and practice in the use of IEC materials in individual counseling and group sessions. The training also focused on practice in negotiating behaviors with mothers through trials of improved practices and implementation of the mother-to-mother support group strategy.

As part of the PROCOSI/LINKAGES program, 1,710 NGO community health workers, 350 MOH auxiliary nurses, and 205 additional health personnel were trained. The training covered BCC, breastfeeding, complementary feeding, LAM, maternal nutrition, counseling and negotiation skills, and the use of counseling cards and flip charts.

The skills of 21 trained community health workers were observed during a performance monitoring evaluation in 2000. Although the CHWs knew the educational messages, their negotiation skills during home visits were inadequate. More than 1,600 community health workers participated in refresher training on negotiation skills. As reminder of the negotiation steps, stories on the back of the counseling cards were replaced with the steps. In 2001, PROCOSI/LINKAGES placed a regional field coordinator in each of the three regions to provide greater support for training, as well as for media and community mobilization activities.

A second performance monitoring evaluation was conducted in 2002. Four to six months after the refresher training, 55% of the community health workers were able to effectively demonstrate negotiating skills based on four essential steps (verify current practice, identify difficulties, make recommendations, and encourage mother to try out the new behavior), and 90% demonstrated effective facilitation of mother-to-mother

support groups. Client exit interviews confirmed the successful implementation of skills and knowledge by health promoters. Over 90% of clients were able to recall messages following home visit counseling sessions and mother-to-mother support group sessions.

Policy and Advocacy

In 1998 LINKAGES helped the MOH Nutrition Unit, cooperating agencies, donors, and nutrition-oriented NGOs conduct policy analysis and develop a policy communication strategy using *Profiles*. *Profiles* is a computer-based advocacy process for estimating the consequences of malnutrition, assessing the benefits of combating nutritional deficiencies, and communicating the findings to decision makers. After the 1998 *Profiles* workshop, PROCOSI, the Ministry of Health, or the NGO *Asociación de Instituciones de Educación y Promoción* made nutrition advocacy presentations to government officials, health professionals, and community leaders in all nine departments of Bolivia.

In 2000 the partner NGOs were trained in the *Profiles* methodology to develop municipal level *Profiles* presentations for their coverage areas and to make advocacy presentations to the local municipal government authorities, health district technical staff, and educators in 55 municipalities (36% of all municipalities in the program coverage area). From 2000 to 2003, all 55 municipalities committed resources to nutrition.

Monitoring and Evaluation

LINKAGES worked with PROCOSI to identify specific indicators and ways of measuring, collecting, and using data on key behaviors. A manual on the project's indicators and a series of data collection forms were developed and provided to the PROCOSI NGOs for their use in monitoring program progress, with data reported twice annually. A monitoring and evaluation consultant was hired in 2001 to help the NGOs monitor their interventions, collect and analyze their data, and make program adjustments accordingly.

In April 2000 a baseline survey was conducted using cluster sampling methodology in the catchment areas. To assess changes in infant feeding practices and LAM use, PROCOSI/LINKAGES trained the NGOs in rapid assessment procedures (RAP) using the lot quality assurance sampling (LQAS) methodology. The RAPs were carried out at program sites in October 2000, October 2001, and October 2002. NGOs supplied interviewers, supervisors, and transportation to survey communities for the rapid assessments in

2001 and 2002. An endline survey was conducted in May 2003 using cluster sampling methodology as well. LINKAGES' M&E team at headquarters provided overall coordination for survey design, training of supervisors and interviewers, and data collection and analysis for the 2000 RAP and the endline survey.

Mainstreaming

The 194 health projects of the 24-member PROCOSI network cover 253 municipalities and serve 3.4 million people. With this capacity to develop and implement health projects nationwide, PROCOSI provided a unique opportunity for mainstreaming. In this context, mainstreaming is defined as the process of integrating results-oriented behavior change methodology, quality technical information, and policies to improve infant and young child feeding into an organization's programs.

To begin the mainstreaming process, PROCOSI engaged 16 of its members. These members covered almost one-third of PROCOSI's potential catchment population. They used the PROCOSI/LINKAGES communication materials in their community-based breastfeeding promotion programs, incorporated negotiation skills in their training, and applied the *Profiles* advocacy process at the municipal level.

The mainstreaming process extended beyond its original focus and partners in several respects:

- The NGO partners incorporated a behavior change focus into their other health programs (sexual and reproductive health, infectious disease prevention, immunization, malaria, Title II, and water and sanitation). They also transferred skills gained in LQAS to the collection of information on other health indicators.
- PROCOSI provided technical assistance to the Ministry of Health's Division de Salud Comunitario (DIDESCO) in the use of *Profiles* for advocacy with municipal authorities. DIDESCO incorporated the PROCOSI/LINKAGES materials into the educational component of its community health program. The

MOH's integrated health project (PROSIN) and DIDESCO also received technical assistance and training in conducting baseline surveys in infant and young child feeding and in the LQAS methodology.

- Resources for nutrition were included in Municipal Development Programs and Annual Operational Plans for financing CHW training and local radio campaigns.
- In 15 municipalities, five of the NGO partners incorporated the PROCOSI/LINKAGES behavior change strategy in food security and nutrition programs funded through the Inter-American Foundation.

Lessons Learned

Working with a member association committed to community-based breastfeeding promotion expanded understanding of the opportunities and challenges of scaling up behavior change interventions.

Process and outcomes: Utilizing an association's organizational structure and procedural process requires time, respect, an understanding of the context in which the organization operates, and realistic expectations for the achievement of results. Organizational capacity building in the medium term may be as important or more important to the association and its members as the short-term impact results expected by some donors.

Training and supervision: Following training, community health workers may be able to identify key issues and give correct messages on how to resolve problems, but they may not be able to apply newly learned negotiation skills. Negotiation skills are best developed over time, with supervision and mentoring. Smaller, more frequent trainings on negotiation skills, with time in between trainings for supervision, may be a practical strategy for developing these skills.

Monitoring and evaluation: M&E from project headquarters needs to be involved in the entire evaluation process—sampling frame, training of interviewers, data collection, and data analysis—to ensure consistent, rigorous, and quality evaluation of impact indicators.

For more information on the Bolivia country program, and other LINKAGES' activities, contact:

LINKAGES Headquarters

E-mail: LINKAGES@aed.org, Phone: (202) 884-8221

Fax: (202) 884-8977, Website: www.linkagesproject.org



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